

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number

200081X243

SSID

7565106622

Eligible (AUT)

Student

AZAR

LIEL

Date of Birth:

01-JAN-2010

Last

First

MI

Section A: Meeting Information

Pertinent Dates

Type of Meeting

Date of Initial IEP Team Meeting

01-FEB-2017

Date of Present Meeting

02-APR-2019

Annual Review to be conducted by

10-OCT-2019

Next Three Year Review will be conducted by

10-OCT-2021

Three Year Review or Evaluation was conducted on

10-OCT-2018

Transition to Kindergarten to be conducted by

Initial

Amendment of IEP dated

10-OCT-2018

Annual Review

Early Start Transition

Three Year Review

Expulsion Analysis

Other

Individual Transition Plan

Location of Meeting

Nestle Ave Charter

District Name

Los Angeles Unified School Dist

Section B: Student Information

Date of Birth

01-JAN-2010

Age

9

Grade

3

Gender

Male Female

Limited English Proficient Student

Yes No

Ethnic Code

White

Location of the Psych Folder

SUPPORT UNIT NOR

Student has no Psych Folder

Location of the Cum Folder

NESTLE AVE CHART

Student has no Cum Folder

Home Language

English

Student Language

English

Alternate Mode of Communication

Home Address of Student

5150 YARMOUTH AV 302

City

ENCINO

CA

ZIP Code

91316

Home Telephone

(310) 993-7944

Daytime Telephone

Emergency Telephone

School of Attendance

Nestle Ave Charter

Location Code

5452

School of Residence

Nestle Ave Charter

Location Code

5452

Name of Parent/Guardian

Zurnamer, Shereen

Telephone

310-993-7944

Address

5150 Yarmouth Avenue 302, Encino, CA 91316

City

Encino

CA

ZIP Code

91316

Surogate Parent

Telephone

Attends CURRENT SCHOOL as a result of one of the following

Attends School of Residence

Nestle Ave Charter

Is the student living in a Family Foster Home (FFH)?

No Yes

FFH#

Is FFH Provider related to student?

No Yes

Relationship

Licensed Children's Institution

No Yes

LCI Name

LCI#

Out of the home placement made by

Regional Center

Department of Mental Health

Department of Children's Services

Superior Court

Other

Child's family living within LAUSD's boundaries?

No Yes

If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?

No Yes

Los Angeles Unified School District

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Date of Birth

Meeting Date

Section C: Language Acquisition

Language Classification: Start Date:

Parent Waiver: Yes No Reclassification Date:

Elementary English Language Development Level: Start Date:

Secondary English Language Development Level: Start Date:

Communication Observation Matrix Level: Start Date:

Section D: Goal Achievement from Current IEP

Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
1 Reading	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2 Written Language	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3 Mathematics	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4 Pre-Vocational	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
7 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
8 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
9 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
10 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

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Section E: Present Level of Performance

Performance Area:

Health

Assessment/Monitoring Process Used:

Interview with mother

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

Health Summary:

Mother reports uneventful pregnancy and developmental milestones were within normal limits.

There were no prenatal, birth, or newborn complications.

Student has some seasonal allergies.

Strengths: General good health; normal growth and development; milestones within normal limits

for both motor and speech; passed vision screening on 08/21/18 and hearing screening on 04/16/18.

No history of serious illness, surgery, or hospitalization; no daily medications

or known health problems. Physical exam done on 04/16/18.

Area of Need: Health is not an area of need.

Impact Of Disability: Health does not impact the student's participation, performance, and access

in the educational program.

Accommodations: None.

Per optometrist report dated 03/20/19

Recommendations-

1.No change to current Prism eyeglasses, continue to wear for all classroom tasks and all tasks that involve reading or writing.

2. Use a line marker to help keep place more easily when reading.

3. Extended computer use limited to a maximum of 20 minutes before taking a break.

4. If testing is performed electronically and an electronic scantron sheet is used, double space the answer sheet so, in effect, it is less visually biased.

5. If necessary, allow to write on every other line instead of every line.

6. Annual eye examinations with her vision care provider.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

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Student AZAR LIEL MI Date of Birth 01-JAN-2010 Meeting Date 02-APR-2019

Section E: Present Level of Performance

Performance Area: Reading

Assessment/Monitoring Process Used: WJ4, teacher survey, observation

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

Strengths: Liel has shown some ability to repond to comprehensive question, when a story is read aloud in class. She can come up with some good expressive comments relevant to the discussion if given time to process the information. Needs: Reading measured Liel's reading decoding skills and her ability to comprehend text while reading. Liel's reading ability is comparable to that of the average individual at age 5-11. Her reading standard score is in the very low range (percentile rank of <0.1; standard score of 49). Her sight word reading and passage comprehension abilities are extremely limited (RPI of 0/90); she will probably find it virtually impossible to succeed on age-level reading tasks. Liel's overall reading ability is comparable to that of the average individual at age 5-7. Her reading standard score is in the very low range (percentile rank of 0.1; standard score of 55). Her sight word reading, sentence reading fluency, and passage comprehension abilities are extremely limited (RPI of 0/90); she will probably find it virtually impossible to succeed on age-level tasks requiring word identification, reading speed, and comprehension of written text. Liel's basic reading skills are comparable to those of the average individual at age 5-9. Her basic reading skills standard score is in the very low range (percentile rank of <0.1; standard score of 53). Her sight word reading ability and skill in applying phonic and structural analysis skills in reading are extremely limited (RPI of 0/90). She struggles to succeed on age-level tasks requiring accurate word decoding skills. Liel struggles to decode multi-syllabic grade level words. Impact of Disability:Liel's eligibility of Autism affects her ability to read multi-syllabic words. This impacts her ability to progress and be involved in the general education reading curriculum.

Performance Area: Written Language

Assessment/Monitoring Process Used: WJ4, teacher survey, observation

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

Strengths: Liel will copy from teacher generated prompts. Liel has shown neat hand writing with proper letter size and spacing. Needs: Written Language measured Liel's spelling and quality of written expression. Liel's ability to spell words and use expression in writing is comparable to that of the average individual at age 5-11. Her written language standard score is in the very low range (percentile rank of 0.3; standard score of 58). Her spelling ability and quality of expression in written sentence construction are extremely limited (RPI of 1/90); she will probably find it virtually impossible to succeed on age-level writing tasks. Liel's overall written language ability is comparable to that of the average individual at age 6-0. Her written language standard score is in the very low range. Her spelling ability, quality of written sentences, and fluency in writing sentences are extremely limited (RPI of 3/90); she will probably find it virtually impossible to succeed on age-level tasks requiring spelling of single-word responses, fluency of production, and quality of written expression. Liel's written expression ability is comparable to that of the average individual at age 5-11. Her written expression standard score is in the very low range (percentile rank of 0.1; standard score of 55). Her quality of written sentences and fluency in writing sentences are extremely limited (RPI of 3/90). She struggles to succeed on age-level tasks requiring the effective and fluent production of written sentences. Liel has yet to show the ability to write multiple sentence work that is appropriate to the grade level task. Impact of Disability: Liel's eligibility of Autism affects her ability to write grade level work. This impacts her ability to progress and be involved in the general education Written Language curriculum.

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Section E: Present Level of Performance

Performance Area:

Mathematics

Assessment/Monitoring Process Used:

WJ4, teacher survey, observation

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

Strengths: When working one-on-one Liel has shown the ability to solve grade level computation.

Needs: Mathematics is a measure of calculation skills and math problem solving ability. Liel's mathematics ability is comparable to that of the average individual at age 6-4. Her mathematics standard score is in the very low range (percentile rank of 1; standard score of 66). Her calculation skills and ability to solve practical problems in mathematics are very limited (RPI of 5/90); she will probably find it extremely difficult to succeed on age-level math tasks. Liel's overall mathematics ability is comparable to that of the average individual at age 6-5. Her mathematics standard score is in the very low range (percentile rank of 2; standard score of 68). Her calculation skills, math facts fluency, and ability to solve practical problems in mathematics are very limited (RPI of 6/90); she will probably find it extremely difficult to succeed on age-level tasks requiring problem solving, number facility, automaticity, and reasoning. Liel's mathematics calculation skills are comparable to those of the average individual at age 6-5. Her mathematics calculation skills standard score is in the very low range (percentile rank of 1; standard score of 67). Her computational skills and automaticity with basic math facts are very limited (RPI of 4/90); she will probably find it extremely difficult to succeed on age-level tasks requiring computational skills and fluency with basic math facts. Liel has not shown the ability to independently solve rounding math problems, that need to be rounded to the 10 or 100s place.

Impact of Disability :Liel's eligibility of Autism affects her ability to round grade level math problems. This impacts her ability to progress and be involved in the general education mathematics curriculum.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

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Section E: Present Level of Performance

Performance Area:

Cognition/Psychological Processing

Assessment/Monitoring Process Used:

Psycho-educational assessment which may include alternative means

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

Areas of Strength:

Areas of strength were noted in attention processing. Areas of significant difficulties were noted on the planning scale a process which Liel selects strategies she will use to solve a particular problem.

Areas of need:

Recent psycho-educational assessments would suggest Liel is currently performing in the low to below average range of cognition. Areas of strength were noted in attention processing. Areas of significant difficulties were noted on the planning scale a process which Liel selects strategies she will use to solve a particular problem. Planning helps a student to create a plan of action, apply the plan, verify that an action taken conforms to the original goal, and modify the plan as needed. On the simultaneous scale a mental activity by which Liel combines interrelated things into groups or sees how parts are related as a whole. It is the process by which she relates parts into a comprehensive whole, to see how things fit together, understand the relationship among words, pictures, or ideas, work with spatial relationships, see several things or integrate words into a larger idea. Successive processing involves remembering information in order as well as the formation of sounds and movements in order. Overall her auditory processing, visual motor integration skills, and visual processing skills are in the low average range.

Performance Area:

CONTINUED

Assessment/Monitoring Process Used:

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

Impact of Disability:

Liel is currently demonstrating autistic like behaviors that may impede her ability to access her general education program without special education supports.

Supports:

New information and directions need to be presented visually or with visual cues whenever possible. For example, charts, maps, and pictures of the directions or information would prove very helpful. The use of flashcards versus verbal repetitions is also recommended. modification techniques can be used to increase attention skills as well as task completion. Work periods need to be short with frequent breaks and verbal recognition of the time spent on task. Teaching the student to break tasks into small, consecutive steps and to verbalize each step to herself may be helpful. Liel's teachers might consider using a checklist to help her remember what she has completed each day, and/or what needs to be completed. Liel's teachers might consider maintaining eye contact and/or create a secret signal to help her stay focused and get back on track. Liel's teachers might consider seating her close to the source of instruction, away from distractions. Liel's teachers might consider reducing visual distractions by isolating the information that is presented to her (e.g., cover other information on the page; expose only a portion of a picture at a time, etc.)

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Section E: Present Level of Performance

Performance Area: Language

Assessment/Monitoring Process Used: Observation, Teacher and Parent Report, TOPS, Woodcock Johnson Test of Oral Lang

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

Areas of Strength:
 When she is comfortable, Liel is able to engage in reciprocal conversation for a few minutes at a time. Liel demonstrated a relative strength in her ability to predict events.

Areas of Need:
 In the area of language she demonstrated low average scores in understanding directions, oral comprehension these weaknesses will impact her ability in the classroom. On a language based critical thinking measure Liel demonstrated scattered scores from well below average to average scores. On the Elementary Test of Problem Solving which is a language based critical thinking measure Liel's overall score was in the below average range. She demonstrated significant difficulties in her ability to sequence events. Other areas of need were noted in her ability to make/understand inferences, problem solving and determining causes.

Performance Area: LANGUAGE CONTINUED

Assessment/Monitoring Process Used:

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

Liel is currently demonstrating autistic like behaviors that may impede her ability to access her general education program without special education supports.

Supports:
 New information and directions need to be presented visually or with visual cues whenever possible. For example, charts, maps, and pictures of the directions or information would prove very helpful. The use of flashcards versus verbal repetitions is also recommended. Additional techniques can be used to increase attention skills as well as task completion. Work periods need to be short with frequent breaks and verbal recognition of the time spent on task. Teaching the student to break tasks into small, consecutive steps and to verbalize each step to herself may be helpful. Liel's teachers might consider using a checklist to help her remember what she has completed each day, and/or what needs to be completed. Liel's teachers might consider maintaining eye contact and/or create a secret signal to help her stay focused and get back on track. Liel's teachers might consider seating her close to the source of instruction, away from distractions. Liel's teachers might consider reducing visual distractions by isolating the information that is presented to her (e.g., cover other information on the page; expose only a portion of a picture at a time, etc.)

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Student AZAR LIEL MI Date of Birth 01-JAN-2010 Meeting Date 02-APR-2019

Section E: Present Level of Performance

Performance Area: Social Emotional

Assessment/Monitoring Process Used: Observation, BASC, ADHDT-2, ASRS, Teacher and Parent Report

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

Areas of Strength: In the area of social emotional functioning her general education teacher and resource teacher reported Liel is sweet and respectful. She is cooperative and compassionate. Liel never demonstrates any behavior problems in the class or during unstructured time. Her educational therapists stated Liel is a kind and sweet little girl who tries hard. Liel stated that art is her favorite subject at school. Liel stated Math and Hebrew are the most difficult subjects for her to understand. Liel reported she has 3 friends at school. Her mother reported Liel is well behaved, respectful and always tries her best. She is very honest, and really matured over the summer. She knows her likes and dislikes, voices opinions and more. She is tolerable and accepting of differences in others, shows patience with younger children even permitting them to share her toys, she loves to teach them. Areas of Need: Mother reported occasionally Liel is inflexible: with food/clothing. This has been going on since Liel has been 5 year old. Liel is shy and introverted. Mother reported Liel has inflexible thinking since she has been 5 year old. Recently you can reason more with her. She has always been shy. She was unable to understand or name her emotion (do you mostly feel happy, mad, sad)? She responded by saying it was a hard question for her answer. When asked what she would like to change about herself she responded 'to have more friends.' Throughout the interviewing process Liel presented with no affect. Liel was able to share that her mother helps her with her homework. She also reported she doesn't understand a lot of Hebrew and prefers to speak English.

Performance Area: Social Emotional CONTINUED

Assessment/Monitoring Process Used:

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

Information from the rating skills indicated on the parent form on the BASC3, parent rated the area of Withdrawal in the Clinically Significant indicating significant concerns in these areas. Parent also rated the areas of Anxiety, Depression, and Leadership in the At-Risk range. Based on teacher who rated the teacher form on the BASC-3, the teacher rated the areas of Anxiety, Depression, Withdrawal and Social Skills in the At-Risk range, which may or may not indicate a problem in these areas. The teacher rated the area of Atypicality, Somatization, Attention Problems; Learning Problems; Adaptability, Leadership, Study Skills and Functional Communication in the Clinically Significant range. Based on Liel who rated the Self-report form on the BASC-3, Liel rated the area of Anxiety, in the At-Risk range, which may or may not indicate a problem in these areas. Liel rated the following areas of Attitude to School, Locus of Control, Social Stress, Depression, Sense of Inadequacy, and Interpersonal Relationships in the Clinically Significant range. The Autism Spectrum Rating Scale was completed by parent, and teacher to assess for characteristics of Autism. Results of parent indicated Elevated scores in the area of Behavioral Rigidity. Slightly Elevated scores were noted in the areas of Sensory Sensitivity and Unusual Behaviors. Parent rated Average scores in the areas of Social/Communication, Self-Regulation, Peer Socialization, Adult Socialization, Social/Emotional Reciprocity, Atypical Language, Stereotypy, and Attention. Results of the teacher's rating scales indicate Very Elevated scores in all areas of Social/Communication, Peer

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Section E: Present Level of Performance

Performance Area:

Social Emotional CONTINUED

Assessment/Monitoring Process Used:

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

Areas of Need CONTINUED: Socialization and Attention. Elevated scores were noted in the areas of Sensory Sensitivity, Atypical Language, and Social/emotional reciprocity. It appears based on the rating scales the autistic like behaviors are more pronounced in the school setting. This could be due to the academic and social demands within the school setting.

On the Attention-Deficit/hyperactivity Disorder Test parent and teacher both report no concerns in the area of hyperactivity and impulsivity. On the inattention scale parent reported no concerns and the teacher demonstrated significant concerns.

Liel is currently demonstrating autistic like behaviors that may impede her ability to access her general education program without special education supports.

Supports:

New information and directions need to be presented visually or with visual cues whenever possible. For example, charts, maps, and pictures of the directions or information would prove very helpful. The use of flashcards versus verbal repetitions is also recommended. Additional techniques can be used to increase attention skills as well as task completion. Work periods need to be short with frequent breaks and verbal recognition of the time spent on task. Teaching the student to break tasks into small, consecutive steps and to verbalize each step to herself may be helpful. Liel's teachers might consider using a checklist to help her remember what she has completed each day, and/or what needs to be completed. Liel's teachers might consider maintaining eye contact and/or create a secret signal to help her stay focused and get back on track. Liel's teachers might consider seating her close to the source of instruction, away from distractions. Liel's teachers might consider reducing visual distractions by isolating the information that is presented to her (e.g., cover other information on the page; expose only a portion of a picture at a time, etc.)

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

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Section F: Eligibility

If applicable, areas discussed related to disability or suspected disability:

Liel displays deficits in her ability to communicate verbally as observed by teachers and mother (which are not due to second language acquisition skills). Additionally, her social interactions are significantly affected by her inability to initiate and engage peers. Liel struggles to engage in reciprocal conversations for more than a couple of minutes. She lacks the social skills needed to establish and maintain friendships.

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

Eligible as a student with the disability of:

Code: AUT Autism

- Not Applicable, Blind or Partially Sighted

Additional Low Incidence Eligibility (only for VI, DBL, DEA, HOH, or severe OI):

Code: [Empty]

- Not Applicable, Blind or Partially Sighted

Does not meet eligibility criteria for Special Education Services (Initial IEP).

or

No Longer Eligible for Special Education Services (Review IEP).

No Longer Eligible (Effective Date): [Empty]

This is a Final IEP, the student remains eligible for Special Education Services until the Effective Date below.

Final IEP Reason: [Empty] Final IEP Effective Date: [Empty]

The IEP Team has considered and agrees that the educational needs of the student are not primarily due to:

- Social Maladjustment, Lack of instruction in math, Temporary Physical Disability, Limited English Proficiency, Lack of instruction in reading, Environmental, Cultural or Economic Factors

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Section G: Annual Goals and Objectives

Performance Area: Reading Annual Goal #: 1

Liel will decode multisyllabic words in isolation and/or in text as measured by observation in 3 out of 5 trials with 70% accuracy.

Progress on annual goals to be reported to parents by completing the "IEP Report of Progress and Achievement from Current IEP" form(s) which will be provided at either Progress Report or Report Card periods.

Methods of Evaluation

- State Assessments, Observation, Other, Norm Referenced, Portfolio, Criterion Referenced, Work Samples, Curriculum Based, Informal

Incremental objective #1 related to the goal:

Liel will decode multisyllabic words in isolation and/or in text as measured by observation in 2 out of 5 trials with 50% accuracy.

Incremental objective #2 related to the goal:

Liel will decode multisyllabic words in isolation and/or in text as measured by observation in 3 out of 5 trials with 60% accuracy.

Date to be achieved: February 2018 MO/YR

Date to be achieved: June 2018 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED, 3 SUBSTANTIAL PROGRESS (50-99% of goal met), 2 PARTIAL PROGRESS (1-49% of goal met), 1 NO PROGRESS

Table with 5 columns: 1st Reporting Period, 2nd Reporting Period, 3rd Reporting Period, 4th Reporting Period (Secondary Only), Goal Achievement. Includes progress marks, sufficiency questions, and 'No' comments.

Los Angeles Unified School District

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Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

Liel will produce clear and coherent writing of 4 or more sentences in which the organization is appropriate to the task, purpose, and/or audience as measured by work samples in 3 out of 4 trials with 70% accuracy

Progress on annual goals to be reported to parents by completing the "IEP Report of Progress and Achievement from Current IEP" form(s) which will be provided at either Progress Report or Report Card periods.

Methods of Evaluation

- State Assessments
- Observation
- Other
- Norm Referenced
- Portfolio
-
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

Liel will produce clear and coherent writing of 2 or more sentences in which the organization is appropriate to the task, purpose, and/or audience as measured by work samples in 3 out of 4 trials with 50% accuracy

Incremental objective #2 related to the goal:

Liel will produce clear and coherent writing of 3 or more sentences in which the organization is appropriate to the task, purpose, and/or audience as measured by work samples in 3 out of 4 trials with 60% accuracy

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED 3 SUBSTANTIAL PROGRESS (50-99% of goal met) 2 PARTIAL PROGRESS (1-49% of goal met) 1 NO PROGRESS

1st Reporting Period Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <input type="text"/>

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

Liel will add up to a sum of 1000 using strategies and algorithms based on place value and properties of operations independently as measured by work samples in 4 out of 5 trials with 70% accuracy

Progress on annual goals to be reported to parents by completing the "IEP Report of Progress and Achievement from Current IEP" form(s) which will be provided at either Progress Report or Report Card periods.

Methods of Evaluation

- State Assessments
- Observation
- Other
- Norm Referenced
- Portfolio
-
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

Liel will add up to a sum of 100 using strategies and algorithms based on place value and properties of operations independently as measured by work samples in 4 out of 5 trials with 70% accuracy

Incremental objective #2 related to the goal:

Liel will add up to a sum of 1000 using strategies and algorithms based on place value and properties of operations independently as measured by work samples in 4 out of 5 trials with 50% accuracy

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED 3 SUBSTANTIAL PROGRESS (50-99% of goal met) 2 PARTIAL PROGRESS (1-49% of goal met) 1 NO PROGRESS

1st Reporting Period Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <input type="text"/>

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student AZAR LIEL MI

Date of Birth 01-JAN-2010

Meeting Date 02-APR-2019

Section G: Annual Goals and Objectives

Performance Area: Social Skills Annual Goal #: 4

During unstructured play times, Liel will interact with peers in an appropriate manner through maintaining personal space and respect voice for an average of 80% of intervals, measured over a 2 week period.

Progress on annual goals to be reported to parents by completing the "IEP Report of Progress and Achievement from Current IEP" form(s) which will be provided at either Progress Report or Report Card periods.

Methods of Evaluation

- State Assessments, Observation, Other, Norm Referenced, Portfolio, Criterion Referenced, Work Samples, Curriculum Based, Informal

Incremental objective #1 related to the goal:

During unstructured play times, Liel will interact with peers in an appropriate manner through maintaining personal space and respect voice for an average of 60% of intervals, measured over a 2 week period.

Incremental objective #2 related to the goal:

During unstructured play times, Liel will interact with peers in an appropriate manner through maintaining personal space and respect voice for an average of 70% of intervals, measured over a 2 week period.

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED, 3 SUBSTANTIAL PROGRESS (50-99% of goal met), 2 PARTIAL PROGRESS (1-49% of goal met), 1 NO PROGRESS

Table with 5 columns: 1st Reporting Period, 2nd Reporting Period, 3rd Reporting Period, 4th Reporting Period (Secondary Only), Goal Achievement. Includes progress marks, sufficiency questions, and 'No' comments.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student
Last

First

MI

Date of Birth

Meeting Date

Section K: Participation in State and District-wide Assessments

Assessments administered will conform to those assessments determined for each grade by the California Department of Education and/or the Los Angeles Unified School District.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

AZAR

LIEL

MI

Date of Birth

01-JAN-2010

Meeting Date

02-APR-2019

Last

First

Section N: Procedural Safeguards and Follow-up Actions

- A Parent's Guide to Special Education Services including Procedural Rights & Safeguards was provided to the parent in his/her primary language.
- The IEP Team Meeting Introductory Statements were read aloud at the beginning of the IEP Team meeting.
- The parent/guardian was informed of his/her right to a written translation of the IEP.

Is the parent/guardian requesting translation services? Yes No

If yes, the parent/guardian has requested a written translation of the IEP in Hebrew

Specify the Individual Pages to be translated:

Special Requests:

- For students who are 17 years old, the student and parent(s)/guardian(s) have been informed that the educational decision-making rights will transfer to the student at 18 years of age, unless the court has determined otherwise.

THIS SPACE DELIBERATELY LEFT BLANK.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student AZAR LIEL MI Last First MI

Date of Birth 01-JAN-2010

Meeting Date 02-APR-2019

Section Q: Parent Participation and Consent

Parent Participation

- Parent/Student (18-21) has participated in the IEP meeting.
Parent/Student (18-21) indicated before the meeting that they would not be able to attend.
Parent/Student (18-21) was notified 3 times of the meeting time and place. Parent/Student (18-21) did not respond to any of the meeting notifications and the meeting was held without the Parent/Student (18-21) present.
Parent/Student (18-21) did not attend and gave permission to proceed without them if they did not attend.

Parent Notification

Table with 3 columns: Method, Whom, When. Row 1: Other, MR. AYALA, 29-MAR-2019

I (PARENT) acknowledge that the IEP meeting was rescheduled to this date at my request. (Parent initials here ONLY if the PARENT requested that the IEP meeting be rescheduled.)

Parent/Student (18-21) Agreement to Components of the Proposed IEP

A Parent/Student (18-21) may agree to all or some of the components of a proposed IEP. The District will implement those portions of the IEP to which the parent/student (18-21) agrees so as to not delay providing instruction and services.

- Parent/Student (18-21) AGREES to all components of the IEP.
Parent/Student (18-21) AGREES to all components of the proposed IEP WITH THE SPECIFIC EXCEPTION(S) stated below:
Assessment Specify
Eligibility Specify
Instructional Setting Specify
Services Specify

The Parent/Student (18-21) DOES NOT AGREE with any of the components of the proposed IEP.

A Parent/Student (18-21) is not required to initiate any form of dispute resolution as to components of the proposed IEP to which the parent does not agree. If a parent/student (18-21) does wish to initiate a form of dispute resolution as to the components of the proposed IEP, the parent can find information on dispute resolution processes in the District's publication, A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards).

Parent Concerns and Comments

Signature(s) Date

- Parent Guardian Student age 18-21 years age 18-21 years Surrogate Parent Emancipated Minor Foster Parent

Did the school district facilitate parent involvement as a means of improving services and results for your child? Yes No No Response

I certify that I have received a copy of the Parent Input Survey regarding the IEP process. I understand that my completion of the form is voluntary and can be done at anytime after the IEP meeting

Signature(s) Date 2-APR-2019

PARENT INPUT SURVEY

Would you please take a moment to complete the survey below.
The information you provide will help us improve the Individualized Education Program (IEP) process. Thank you in advance for your time and interest.

ALL INFORMATION IS CONFIDENTIAL

DIRECTIONS: After each statement, please place an X on the line that describes your experience with your child's IEP.

A. Regarding your child's current IEP:	Yes	No	Does Not Apply
1. I am satisfied with the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel that the IEP accurately reflects the decisions made at the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I received notice of the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I received "The IEP and You" handbook with the notice of the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. During the IEP process I received "A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)" explaining my rights as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The IEP meeting was held in an appropriate setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel I was treated as an equal and important part of the IEP team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The participants at the IEP meeting were prepared and informed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Placements for my child, including the general education setting, were discussed and decided upon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Related services were discussed and decided upon, if relevant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If my child is 14 years old or older, an Individualized Transition Plan (ITP) was developed with my child's and my concerns in mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. At the end of the IEP meeting the decisions were summarized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If I needed an oral interpretation of the IEP team meeting an interpreter was provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The interpretation of the IEP team meeting enabled me to participate and make an informed decision regarding my child's IEP during the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The interpreter stayed for the duration of the IEP team meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. If the interpreter left the IEP meeting before it was over, another staff member served as the interpreter and the interpretation was adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am aware that, if I am dissatisfied with the adequacy of the oral interpretation at the IEP team meeting, I can file a complaint with the Educational Equity Compliance Office at (213) 241-7682.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. If I needed a written translation of the IEP, translation services were offered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I am aware that, if I do not receive a copy of the translated IEP, I can contact the site administrator or call the Division of Special Education at (213) 241-6701.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any of the answers to items 13-16 or 18-19 was No, please discuss your concern(s) with the site administrator or call the Division of Special Education at (213) 241-6701.

B. Regarding your child's previous IEP (if relevant):			
20. I am satisfied that my child received the services described on the previous IEP. (If your answer to this question is "No", please write concerns below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments			

Is there anything more you would like to ask us or tell us?
Please write below or call the Parent Resource Network at 1-800-933-8133.

Handwriting lines for providing feedback.

Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.
Again, Thank you!

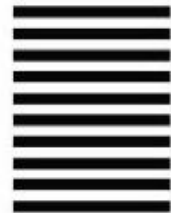


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 33798 LOS ANGELES CA 90051

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN PARENT RESOURCE NETWORK
LOS ANGELES UNIFIED SCHOOL DISTRICT
PO BOX 613307
LOS ANGELES CA 90099-4093



PARENT INPUT SURVEY
English

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Reconvened Meeting Date

Student
 Last First MI

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Sharona Azar"/>	<input type="text"/>
Parent/Guardian	<input type="text" value="Avraham Azar"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text" value="Ricardo Ayala"/>	<input type="text"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Russell Wise"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Tanya George"/>	<input type="text"/>
School Psychologist	<input type="text" value="Cynthia Freeman"/>	<input type="text"/>
School Nurse	<input type="text" value="Nidhi Tomar"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text" value="LAUSD Private School Consultant"/>	<input type="text" value="Nancy Essenpreis"/>	<input type="text"/>
Other <input type="text" value="Emek"/>	<input type="text" value="Stephie Bregman"/>	<input type="text"/>
Other <input type="text" value="Emek-Resource Specialist"/>	<input type="text" value="Aphrodite Bakaleynik"/>	<input type="text"/>
Other <input type="text" value="Educational Therapist"/>	<input type="text" value="Beth Owen"/>	<input type="text"/>

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Reconvened Meeting Date

Student
 Last First MI

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Shereen Zurnamer"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text" value="Ricardo Ayala"/>	<input type="text"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Lhana Van Lamsweerde"/>	<input type="text"/>
General Education Teacher	<input type="text"/>	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text" value="Nidhi Tomar"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student AZAR LIEL MI Last First MI

Date of Birth 01-JAN-2010

Meeting Date 02-APR-2019

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

To Be Completed By the IEP Team at the IEP Team Meeting

Student's Current Placement Type:

Form with radio buttons for placement types: General Education Class, Special Day Program, Home/Hospital, etc.

DIRECTIONS: Complete the information below as part of the IEP team discussion regarding placement from the beginning at Step A until the team reaches the Step that indicates YES.

The Individuals with Disabilities Education Act (IDEA) requires that students with disabilities be educated in the least restrictive environment. Placement in a more restrictive setting should only occur if the nature or severity of the student's disability is such that placement in a less restrictive setting with the use of supplementary aids and services cannot be achieved satisfactorily.

Step A. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting? Includes Yes/No options and explanatory text.

Step B. Can the supports, services, accommodations and/or modifications in the student's IEP be made available on a general education site in a special day program? Includes Yes/No options and explanatory text.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

To Be Completed By the IEP Team at the IEP Team Meeting

Step C.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a special school setting?	
	<input type="radio"/> Yes <input type="radio"/> No	If the answer is YES, then a special school setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a special school setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step D.
<div style="border: 1px solid black; height: 80px;"></div>		

Step D.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a home/hospital setting?	
	<input type="radio"/> Yes <input type="radio"/> No	If the answer is YES, then a home/hospital setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a home/hospital setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step E.
<div style="border: 1px solid black; height: 80px;"></div>		

Step E.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a residential care facility?	
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, articulate in the IEP what supports, accommodations and/or modifications are required for the student in this setting.
	<div style="border: 1px solid black; height: 80px;"></div>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student
 Last First MI

Date of Birth

Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
		As of Date: <input type="text"/>	<input type="text"/>
Eligibility: (from Page 4)		Eligible (AUT)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text"/>
Placement	Type of School	<input type="text" value="District Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="NESTLE AVE CHARTER"/>	<input type="text"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text"/>
	Program	<input type="text" value="SLD"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="1500"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Reading),2(Written Language),3(Mathematics),4(Social Skills)"/>	<input type="text"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text"/>
	Transportation	<input type="text" value="None"/>	<input type="text"/>
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
	ESY Transportation	<input type="text" value="School to School"/>	<input type="text"/>
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="Positive reinforcers in the classroom
Visual cues/ visual schedule
Adult guidance/prompts when needed
Redirect to task
Visual aids for new ideas or terms
Preferential seating
Graphic organizer for writing
Break lengthy assignments into chunks
Extra time on assessments"/>	<input type="text"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text"/>	<input type="text"/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text"/>	<input type="text"/>
Comments, as appropriate			
Low Incidence Equipment	<input type="text"/>		

Assistive Technology Equipment	
Participation in General Education	Student will participate in the general education classroom setting for recess, lunch, art, music, drama, social studies, and science, when appropriate.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
Last

First

MI

Date of Birth

Meeting Date

		Effective With This IEP	Future Changes Related To This IEP
--	--	--------------------------------	---

Notes:

Parents of students who are Medi-Cal eligible authorize LAUSD to submit claims for reimbursement by Medi-Cal funded services unless parent(s) signs a Parent Medi-Cal Non-Authorization to Bill form. Please see Parent's Guide to Special Education Services (including Procedural Rights and Safeguards).

Part 3 - Percentage of Time Outside of General Education

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value="94"/>	

Part 4 - Additional Discussion (This section is optional)

June 5th IEP was to review the recommendation of the VT assessor and report (see attached documents). No recommended services were made. Reassessment for VT (assessment plan) will be made December 2018.

Assessment plan for VT (reassessment) will be generated in December 2018, per medical recommendation (see attached documents)

Progress towards goals cannot be measured as IEP was not implemented due to enrollment in a private school by the parents.

Results for VT assessment have been provided to parent and teacher for classroom implementation. (refer to health PLP)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
Last First MI

Date of Birth Meeting Date

FAPE Summary Grid

Program:	SLD	Setting:	Special Education						
Eligibility:	Eligible (AUT)	Curriculum:	General Education						
Transportation:	None	Low Incident Support:	None						
Date District Received									
Parent Signature:									
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent

For IEP Team Information

By clicking this box the IEP team has reviewed the FAPE Summary Page to ensure that it reflects the IEP Team decisions.